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PREPARATION OF BLIND STUDENTS FOR VOCATIONAL REHABILITATION THROUGH EARLY TRAINING IN MOBILITY AND ORIENTATION

(RD-2029-S-D)

Orientation & Mobility Training Program
Division of Special Education
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A FINAL REPORT

FLORIDA COUNCIL FOR THE BLIND

APRIL 1966 – APRIL 1968

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PREPARATION OF BLIND STUDENTS FOR VOCATIONAL REHABILITATION THROUGH EARLY TRAINING IN MOBILITY AND ORIENTATION

(RD-2029-S-D)

Funded by Social and Rehabilitation
Service, Dept. of HEW, Washington, D.C.

Project Director:	Mr. George J. Emanuele
Executive Director:	Mrs. Connie DeMarco
Orientation Mobility Instructor:	Mr. Kent Wardell

A FINAL REPORT

SPONSORED BY:

FLORIDA COUNCIL FOR THE BLIND
(A STATE AGENCY)
TALLAHASSEE, FLORIDA

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SUMMARY OF SIGNIFICANT FINDINGS OF PROJECT RD-2029-S-D

While the Project's main purpose was to provide concentrated training in orientation and mobility, it demonstrated the importance of complete and thorough study of each individual young blind, in order to understand his individual needs. The study thereby enlarged its scope of services to include motivating factors that enabled the youngster to share in his over-all basic habilitation, benefit from personal and social adjustment services available under the leadership of the Project team, and basically develop a better understanding of the importance of learning to function as self-sufficiently and independently as possible. The following represents some of the significant findings, including recommendations.

1. Rather than attempt to train a large number of students, providing a short training program, it is important to accept a small number at a time and provide each one individualized, concentrated and intensive training. Place no time limit on the amount of training to be provided. Give each student as much training as he needs. Do not train more than one student at a time.

2. Avoid shortcuts in preparing a blind student to travel safely, gracefully and efficiently.

3. Very young blind students can be helped in developing a better body image of himself. (See Page 25 of Final Report.)

4. Cooperative effort between Project team and school personnel is essential in order that travel training achieve its goal within a public school setting.

5. The Project demonstrated that orientation mobility can be successfully taught as part of the public school curriculum. Parents and school personnel need to understand the purpose and technique of travel training, and lend their support in order to assure successful pursuit of training.

6. As Project approaches termination, plans need to be developed so that parents and school personnel will arrange for the follow-up of travel training to students participating in the Project, and to assure that travel training will continue so that other students may secure this special training.

7. Travel instructors should not function alone. He should be a central figure in a team approach. He should be physically located on the school grounds.

8. Health evaluation and participation in physical activities are essential to young blind as part of his academic school program. This may require firm action to overcome efforts to over-protect and shelter young blind.

9. A continuing system of evaluation and record keeping should be kept on each student. Moving pictures provide an excellent evaluation device.

10. The advanced student in travel training can be a motivating factor and serve as example for other students.

In conclusion, a well organized orientation mobility program can be a vital addition to public school education of the young blind. Achievement of safe, graceful and effective travel goes a long way toward bolstering the blind student's self concept, and often adds support to the inner dignity of the individual. With orientation and mobility training, the young blind is more completely prepared to function independently and self-sufficiently, and more receptive to rehabilitation efforts.

I. BACKGROUND AND HISTORY

A. Purpose

For years, agencies and organizations concerned in the welfare of the blind have placed considerable emphasis upon the importance of rehabilitation of the blind in order that he can be self-sufficient, independent and self-supporting. As concerns the young blind, public schools accepted the challenge in efforts to provide special academic education equal to that provided to sighted children. It is a matter of record relative to the effort of public schools in taking advantage of the latest information relative to special adaptation of teaching methods and material in the academic and scholastic education of the young blind.

In the past years, as these blind youngsters graduated from High School and requested vocational rehabilitation services, it was noted that they were far from ready to consider job requirements. They lacked the self-sufficiency in taking care of themselves in functioning independently outside of their home especially, and generally in traveling into the downtown city activities where usual employment is located. There was evidence of fear of injury inhibiting their efforts to venture forth outside of the home.

Being aware of these limitations and lack of readiness of the young blind, the conclusion was drawn that there was a need for completing and rounding out the youngsters' preparation for independent self-sufficiency as an adult, by including an orientation mobility program as part of his on-going public school education. It would seem logical that this type of personal and social adjustment should begin during the formative years at a time when they need to learn to function, utilizing the latest ideas developed in assisting a blind person in his orientation and mobility. This philosophy expounded by rehabilitation specialists in work for the blind, needed to be demonstrated to the parents, school administrators, and others interested in the total welfare of the blind in the community.

In summary, the unmet need was classified as complete habilitation of the young blind. This included a program of orientation and mobility that needed to be identified during the young years and while receiving his scholastic training. The Project was also motivated by requests from vocational counselors for the blind who found the majority of high school graduates dependent on others in travel and attending to their personal needs.

The full and complete habilitation of young blind as part of primary and secondary education had its origin in residential schools for the blind. With the availability of specialist training in orientation mobility, it became opportune for this agency to demonstrate to public schools that the self-sufficiency and independence of the young blind students would be accelerated and advanced if he were to receive this specialized training while he was attending public school. This gave origin to the request to demonstrate the Project "To Prepare Blind Students for Vocational Rehabilitation Through Early Training in Mobility Orientation". The Project also intended to demonstrate the importance of counseling parents of blind students so that they understood the purpose of mobility orientation training as part of personal and social adjustment services and to enlist their support and cooperation.

An area in the state was selected that has the greatest concentration of blind students, and to extend these services to adjacent counties as the need arose. If able to, the Project intended to extend its services to other blind persons statewide who could not secure these specialized services through any other means. In summary, the Project intended to demonstrate the importance of mobility orientation as an essential part of special academic education for the blind and as part of an on-going personal and social adjustment training arranged and provided by the sponsoring agency within public school environment.

B. Population and Statistical Data

The Project began on May 1, 1966. The Project was designed to function in a public school setting and was to be geographically located in Dade County, Florida. The principal city of the Dade County area is Miami, Florida. The following represents some population data:

1. Estimate as of May 1968 - Dade County — 1,181,840
   Note: Population almost doubles during the tourist season.

2. General school population:

1965-1966	Kindergarten through 12th grade	201,911
1967-1968	Kindergarten through 12th grade	201,584

3. Population of blind and partially sighted students in this area:

Partially sighted	32
Legally blind and totally blind	71

4. Project dates:
   The Project originated on May 1, 1966 and terminated on April 30, 1968.

C. Personnel

Director	Mr. G. J. Emanuele
Executive Director	Mrs. Connie DeMarco
Co-Director	Miss Dorothy Ozburn
Orientation Mobility Specialist	Mr. Kent Wardell
Secretary	Secured on contractual basis

Consultants

Dr. Calvin Pinkard, Associate Professor, Center for the Study of Exceptional Children and Adults, University of South Florida.

Dr. Gideon Jones, Coordinator, Program for Visual Disabilities, Florida State University.

Dr. Donald Blasch, Center for Orientation and Mobility of the Blind, Western Michigan University.

D. Variables in the Project

Decisions had to be made during the initial request for the Project Grant, and the following represents a few of them:

1. Location

A survey of blind children indicated a small number living in sparsely populated counties, with the majority of blind concentrated in large populated areas. Those in large populated areas have the advantage of special education classes in the community, whereas the young blind in sparsely populated areas were forced to attend residential schools many miles away or attend the regular classes without the benefit of special education. While it would appear that the young blind in the sparsely populated areas should be given the benefit of orientation mobility, it was deemed wise to demonstrate the importance of identifying orientation mobility with public schools in a concentrated area such as Miami.

2. Quantity and Quality of Orientation Mobility Training

With a population of approximately 71 potentially blind who may benefit from this Project, a decision had to be made as to whether to serve as many as possible with some specialized orientation mobility training, or whether to select a few and provide highly specialized training on an intensive individual basis. The decision was to provide intensive specialized training. In order to provide development of skills necessary for independent travel to help insure his safe, graceful and efficient travel, all agreed that there was no shortcut. Decision was made to do the best job possible with each child. The emphasis was placed on quality and not quantity.

E. Short Range Objectives of the Project

These objectives focused upon the students' activities at school.

1. To establish good rapport with the students.
2. To promote motivation toward independent travel.
3. To instruct the students in the use of the basic skills necessary to insure safe, independent travel in the indoor school environment.
4. To aid students in forming a mental picture of his school and the location of the classrooms.
5. To instruct the students in the fundamentals of long cane travel necessary for his independent daily functioning at school.

6. To instruct the student to the point where he could travel independently through his entire school program.
7. To better inform and educate school personnel regarding the travel capabilities of blind children.

F. Long Range Objectives of the Project

1. Incorporates all objectives listed under "short range objectives".
2. To help students adopt the basic skills learned at school to his home environment.
3. To instruct the student in long cane skills through a progression of travel environments, including residential, light business or semi-business, and downtown business travel.
4. To educate the parents in the use of the various skills and seek their help through active participation in the lessons.
5. To counsel the parents into further creating a home environment conducive to motivating the young blind toward independent travel.
6. To help educate the general public in regard to the travel capabilities of the blind and/or the partially sighted person.

II. PROJECT ACTIVITIES

A. Initial Monthly Activities

Initially, Mrs. Connie DeMarco, Executive Director of the Project, and social worker assigned to blind children with the Florida Council for the Blind, devoted considerable time with the parents of six young blind who were selected for instruction. The parents were given an understanding of the meaning of orientation mobility, provided with supplementary reading material, and given some explanation of the part they needed to play if their youngster was to receive full benefits of the program. To quote from Mrs. DeMarco's report: "In one case, we had to deal with the problem of overcoming the attitude on the part of the student as well as her mother, that a cane would only make her 'look blind'. The parent and the student were helped in accepting the cane as a tool which symbolized independence." The majority of the parents lacked the basic knowledge that a blind person was capable of independent travel. Mrs. DeMarco constantly stressed the importance of giving students freedom to move about, and the opportunity to practice at home whatever he was learning at school.

B. Sampling of Periodic Activities Reports

1. Second Month of Project

One of the first problems encountered by the Project was the problem of fitting mobility orientation training for the first six blind students into the existing school schedule.

With the help and cooperation of the school principal and resource teacher, the problem was resolved. Four of the students were assigned to the schedule normally spent with their resource teacher. In the case of two other students, it meant moving them from their regular academic class. At first, this brought on a great deal of anxiety on the part of the students as well as the parents. The principal finally solved the problem by contacting the parents and the students, in order to work out a plan whereby they would be placed in a program of "independent study". This enabled them more freedom, making it possible for them to allocate the hour in mobility. These were students who maintained high level performance and did not want to do anything which might jeopardize the attainment of an above average grade for the course they might be separated from. They felt completely satisfied when they were reassured that the final examination of the Project involved would not include any material they had not taken in regular class attendance. Both of these students adjusted well to the new schedule and accepted travel training with greater enthusiasm. This was the first experience in introducing travel training program as part of the regular school program.

2. Fifth Month of Project

With the opening of the new school year, the Project case worker met with Special Education personnel to agree on the selection of four new students, as two were leaving the area to attend a residential school. We were also anticipating more careful programming of the students to avoid any conflict with their academic courses and avoid, if possible, having to take them out of their resource class hour or out of physical education.

At this point, the program moved from a Junior High School to two Senior High Schools at the direction of the coordinator of Special Education, who was primarily responsible for the assignment of these students to a particular school. Two older students of age 17 and 19 (active rehabilitation cases) were admitted to the program along with two other new students, both aged 15.

The program was also expanded this month to include three blind students at Nova High School, Broward County. The Nova complex, referred to as the "School of the Future" is an ultra-modern school with the latest gadgets and techniques. Emphasis was on self-learning and individual student responsibility, with students not graded competitively, but allowed to proceed at their own rate. Here, the students had more freedom and more responsibility. The Nova School was an ideal location for introducing the mobility program. With this increased load of nine students, added demands were obviously being made on the instructor's time because of the additional travel. The decision was reached to devote only two half days to Broward County, leaving a total of four full days devoted to the Dade County area, since we had a much larger concentration of blind students in this area.

3. Ninth Month of Project

Coordinator of Special Education of Broward County reported how gratified she was with the results of the mobility program so far. She noted a change in the students and particularly in their increased self-confidence and desire to travel around the school building by themselves. They no longer needed a sighted guide.

4. Tenth Month of Project

a. Children in Lower Age Group

Because the attention span of these young children was so limited, each child received only two fifteen minute lessons a week, with the resource teacher doing the necessary follow-up in between lessons. Efferts were made to involve the parents of these four children, two of them 6 years and the other two aged 10 and 11, and to encourage them to observe the program.

b. Students in Senior High Schools

We arranged psychological evaluations of all those students where we were not successful in getting these done through the school psychologist. Permission was sought from parents. At first, they were somewhat resistant and reluctant to permit these consultations. Many had some preconceived notion that their child was being referred because he had some behavios abnormality or disorder of the mind. They felt reassured when told that no one student was being singled out, and that the purpose of these evaluations was to help the blind student understand himself, his emotional reactions to his blindness, to point out areas where he needed help, and to help those of us working with him to know him better.

Special examinations were also arranged with an orthopedist and physical therapist for a student with a severe coordination defect, and it was determined that his problem was primarily postural. One student with an undetermined amount of residual vision was referred for an evaluation to a Low Vision Aid Clinic.

5. Fifteenth Month of Project

The following sampling of a monthly report by the Executive Director of the Project demonstrates the "in depth" nature of the program, more than simply dealing with students only. (See attached pages identified as Nos. 7 - 16)

AUG 2 6 1967

To: Mr. George J. Emanuele, Director, Medical & Social Services

From: Connie De Marco, Executive Director

Subject: Project RD-2029

Activity Report for the Month of June, 1967

MOST SIGNIFICANT ACTIVITIES
(Closing School Year)

Termination of Mobility Internship on 6-9-67 (covered period 4-24-67 to 6-9-67.) One of the two students involved made above average progress (Cynthia) in learning basic skills. The other student, (Mike) hampered by poor health, lack of physical strength and stamina plus the lack of general interest and motivation made below average progress.

Both of these students received daily individual instructions during this seven week period and experienced a unique opportunity to be taught basic skills in Orientation and Mobility. Attached are progress reports on both of these students to demonstrate primarily the use of the Progress Report Form which we had developed at the beginning of the Project. At the same time it graphically demonstrates the respective progress of these students.

Reopening of Summer Day Camp for the Blind (6-19-67 - 7/28/67 - Dade County)

In cooperation with the Miami Lighthouse for the Blind, The Crippled Children's Society, and The Parent Group of Miami, the Summer Day Program opened on 6-19-67 with 36 blind children in attendance. Although the program was recreationally oriented we were again requested, as we had last year to provide the services of Mr. Wardell. Because of the large number of children who could have profited by training in O.& M. an unsuccessful attempt was made to interest the Miami Lighthouse to pay for the services of the recently

MOST SIGNIFICANT ACTIVITIES (Closing School Year) continued -

graduated Mobility Internist so that he could assist Mr. Wardell and provide O.& M. to more students. Our request would have had to be submitted to the Lighthouse Board Members and there was not enough time for this. Five students were scheduled for regular daily mobility instructions and in keeping with the objectives of the Project two residential school students home for the summer were included.

With the termination of the school year we find ourselves mostly guided by the wishes of parents and students and by their vacation plans. For this reason our program during this month has had to be flexible and planned by scheduling only those students who ~~are~~ were available for the training.

REHABILITATION STATUS

No change since the May report. We still have six students involved in the Project since its inception who are now active rehabilitation clients. We frequently confer with Rehabilitation Counselor about these students, keep him posted of services we are rendering and make recommendations where we know that Rehabilitation Counselor can provide the service needed. Through this cooperative planning we were successful this month in getting Rehabilitation Counselor to provide a complete otological examination and a hearing aid for one of our students whom we discovered to have a serious hearing impairment earlier in the program. Normally the Rehabilitation Counselor would not be working this closely with a student still in High School.

Another one of our students also recently transferred to Rehabilitation Services was provided with a Braille writer, and a vest pocket dictionary purchased through community resources.

**REHABILITATION STATUS
continued**

Normally we would never have come to know this student (Dennis) were it not for the Project. Our initial visit to the parents in connection with his participation in the O.& M. Program opened many channels for help for Dennis of which he and his parents would have remained ignorant.

Our Project has demonstrated the great need there is for regular counseling services for these high school students who are over 16, but still 2-3 years away from their senior year when Rehabilitation Counselors usually begin to work with them.

PUBLIC RELATIONS

Mr. Wardell was invited by the Miami Springs Lions Club and he delivered a talk on 6-28-67.

He also delivered a well received talk on O.& M. for Public School Blind Children to the Florida Federation for the Blind at their annual convention on 6-24-67 in Miami Beach.

**ATTENDANCE AT CONFERENCE ON
MOBILITY - June 15 & 16,1967
FSU - College of Education
Special Education and
Rehabilitation**

Mr. Wardell and I attended this Conference.

The participants included the five mobility instructors who had just completed their undergraduate training at FSU and representatives of other agencies involved in mobility instructions.

We were all assigned to different groups. Mr. Wardell was chairman of the Electronic and other aids to Mobility group.

I was assigned to Sensory Training and Mobility Readiness. The group discussion dealt with demonstration of the part parents can play in preparing a young child for mobility training by developing his other senses. Young children who are blind can profit immensely from this early

ATTENDANCE AT CONFERENCE ON MOBILITY - continued

training. As soon as a child has learned to walk he can be taught the proper use of a sighted guide, how to grip his guide, how close he should stand to him, etc.

MOBILITY CONFERENCE EVALUATION

The discussion and the points covered were actually a repetition of the Curriculum Guide published by Michigan School for the Blind, but it helped to make the material more meaningful by developing in group discussion the various points. In our group I participated more than I usually do at conferences because of the interest of those present in knowing more about our Project and my role. The recorder for the group was the mobility internist who had served under Mr. Wardell and so our Project received much favorable recognition.

Respectfully submitted,

Connie De Marco

Connie De Marco

CC Kent Wardell.

Identifying Data

INSTRUCTOR: Kent Wardell
Bob Howell

PROGRESS REPORT ON STUDENTS
Participating in Project RD 2029

Nature of Eye
Condition R.L.F.

Name Cynthia

Birth Date

1. Totally Blind yes
2. Legally Blind
3. Can vision Improve? no

School Hialeah Jr. High School

Grade 7th

Age onset of Blindness At Birth

8 Week Period (From April 24, '67 to June 9th, '67)

Assessment of Individual Characteristics	GOOD								AVERAGE								POOR							
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
General appearance, cleanliness	G	G	X	X	X	X	X																	
School progress	G	G	X	X	X	X	X																	
Body movement and use	G	G	X	X	X	X	X																	
Facial expressions	G	G	X	X	X	X	X																	
Blind mannerisms									X	X	X	X	X	X	X									
Readiness for mobility training	X	X	X	X	X	X	X																	
Interest shown	X	X	X	X	X	X	X																	
Muscle tone									X	X	X	X	X	X	X									
Physical stamina									X	X	X	X	X	X	X									
Speech	X	X	X	X	X	X	X																	
Emotional reactions									X	X	X	X	X	X	X									
Relationship to other children	X	X	X	X	X	X	X																	
Level of orientation				X	X	X	X			X	X						X							
Relationship with adults	X	X	X	X	X	X	X																	
Ability to concentrate & remember	X	X	X	X	X	X	X																	
Ability to follow instructions	X	X	X	X	X	X	X																	

Recommendations:

Type of Orientation & Mobility Program Prescribed:

[✓ a.] Regular
b. Modified
c. Special

General Comments and Impressions of Student:

Does he appear well motivated to want to learn to travel independently?

Does he evidence any resistance toward use of cane?

What do we know of attitude of parents. Do they look upon it as a symbol of blindness or as an aid for independent travel?

Does student have any special needs, any history of known health, emotional or behavior problems? Use other side for comments.

Page #2

Basic Skills Being Taught

Name Cynthia

8 Week Period (From 4/24/67 to 6/9/67)

	GOOD								AVERAGE								POOR								PLACE OF TRAINING
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
Good Posture and Normal Gait									X	X	X	X	X	X											
Skill in Using Sighted Guide			X	X	X	X	X			X							X								
Sense of Direction				X	X	X	X			X	X						X								
Ability to Keep to the Right																									
To Distinguish Landmark Clues				X	X	X	X			X	X						X								
To Distinguish Sounds					X	X	X			X	X	X					X								
To use Tactile Sense									X	X	X	X	X	X	X										
To use Olfactory Sense									X	X	X	X	X	X	X										
Hines Break			X	X	X	X	X			X															
Cross Body Upper Position				X	X	X	X			X	X														
Cross Body Lower Position				X	X	X	X			X	X						X								
Trailing				X	X	X	X			X	X						X								
Room Familiarization									X	X	X	X	X	X	X										
Squaring Off				X	X	X	X			X	X						X								
Direction Taking				X	X	X	X			X	X						X								
Reflection Detection					X	X	X				X	X					X	X							
Locating Dropped Articles										X	X	X	X	X	X		X								

Cane Skills Being Taught

Name____________________

8 Week Period (From__________ to __________)

	GOOD								AVERAGE								POOR								PLACE OF TRAINING
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
Touch Technique																									
Trailing																									
Pivoting the Cane																									
The Diagonal Technique																									
Touching Low Objects																									
Localizing Sound With the Cane																									
Descending Stairs																									
Ascending Stairs																									
Car Familiarization																									
Shoreline Travel																									
Making Turns with a Shoreline																									
Making Turns without a Shoreline																									
Crossing Streets with Rounded Curbs																									
Crossing Streets with Square Curbs																									
Overcoming Veering																									
Crossing Streets with Blended (ramp)Curbs																									
The Touch and Drag Technique																									
The Touch and Slide Technique																									
Intersections with Stoplights																									
Crossing Railroad Tracks																									
Revolving Doors																									
Escalators																									
Bus Familiarization																									
Drop off Lessons																									
Confidence in use of Cane																									
Ability to Center Cane																									
Ability to Seek Assistance																									
Ability to Maintain Sense of Direction																									

Identifying Data

INSTRUCTOR: Kent Wardell
Bob Howell

PROGRESS REPORT ON STUDENTS
Participating in Project RD 2029

Name Mike

Birth Date ________

School Hialeah Jr. High School

Grade 9th

Age onset of Blindness 2 Years

Nature of Eye Condition Retrolental Blastoma

1. Totally Blind Yes
2. Legally Blind Yes
3. Can vision Improve? No

8 Week Period (From 4/26/67 to 6/9/67)

Assessment of Individual Characteristics	GOOD								AVERAGE								POOR							
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
General appearance, cleanliness	X	X	X	X	X	X	X																	
School progress	X	X	X	X	X	X	X																	
Body movement and use	X	X	X	X	X	X	X																	
Facial expressions	X	X	X	X	X	X	X																	
Blind mannerisms									X	X	X	X	X	X	X									
Readiness for mobility training							X		X	X	X	X	X	X										
Interest shown							X					X	X	X			X	X	X					
Muscle tone																	X	X	X	X	X	X	X	
Physical stamina																	X	X	X	X	X	X	X	
Speech	X	X	X	X	X	X	X																	
Emotional reactions									X	X	X	X	X	X	X									
Relationship to other children	X	X	X	X	X	X	X																	
Level of orientation						X	X			X	X	X	X				X							
Relationship with adults	X	X	X	X	X	X	X																	
Ability to concentrate & remember	X	X	X	X	X	X	X																	
Ability to follow instructions	X	X	X	X	X	X	X																	

Recommendations:

Type of Orientation & Mobility Program Prescribed:

a. Regular
b. Modified
c. Special

General Comments and Impressions of Student:

Does he appear well motivated to want to learn to travel independently?

Does he evidence any resistance toward use of cane?

What do we know of attitude of parents. Do they look upon it as a symbol of blindness or as an aid for independent travel?

Does student have any special needs, any history of known health, emotional or behavior problems? Use other side for comments.

Page #2

Basic Skills Being Taught

Name Mike

8 Week Period (From ______ to ______)

Basic Skills Being Taught	GOOD								AVERAGE								POOR								PLACE OF TRAINING
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
Good Posture and Normal Gait	X	X	X	X	X	X	X																		
Skill in Using Sighted Guide						X	X				X	X	X				X	X							
Sense of Direction							X			X	X	X	X	X			X								
Ability to Keep to the Right																									
To Distinguish Landmark Clues							X		X	X	X	X	X	X											
To Distinguish Sounds							X		X	X	X	X	X	X											
To use Tactile Sense									X	X	X	X	X	X	X										
To use Olfactory Sense									X	X	X	X	X	X	X										
Hines Break										X	X	X	X	X	X		X								
Cross Body Upper Position										X	X	X	X	X	X		X								
Cross Body Lower Position				X	X	X	X			X	X						X								
Trailing					X	X	X			X	X	X					X								
Room Familiarization									X	X	X	X	X	X	X										
Squaring Off					X	X	X			X	X	X					X								
Direction Taking					X	X	X			X	X	X					X								
Reflection Detection							X		X	X	X	X	X	X											
Locating Dropped Articles										X	X	X	X	X	X		X								

Page #3

Cane Skills Being Taught

Name______________________________

8 Week Period (From__________ to __________)

	GOOD								AVERAGE								POOR								PLACE OF TRAINING
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
Touch Technique																									
Trailing																									
Pivoting the Cane																									
The Diagonal Technique																									
Touching Low Objects																									
Localizing Sound With the Cane																									
Descending Stairs																									
Ascending Stairs																									
Car Familiarization																									
Shoreline Travel																									
Making Turns with a Shoreline																									
Making Turns without a Shoreline																									
Crossing Streets with Rounded Curbs																									
Crossing Streets with Square Curbs																									
Overcoming Veering																									
Crossing Streets with Blended (ramp) Curbs																									
The Touch and Drag Technique																									
The Touch and Slide Technique																									
Intersections with Stoplights																									
Crossing Railroad Tracks																									
Revolving Doors																									
Escalators																									
Bus Familiarization																									
Drop off Lessons																									
Confidence in use of Cane																									
Ability to Center Cane																									
Ability to Seek Assistance																									
Ability to Maintain Sense of Direction																									

C. Collection of Data

The data collection centered around the student's case file. The social worker and the orientation and mobility specialist kept files on each student. All report were in duplicate, so that files of executive director and instructor would both be complete. Reports and other pertinent material was available to all professionals dealing with the students. The case file consisted of:

- A recent picture of the student
- Current eye report
- Current hearing test
- Medical examination
- Psychological evaluation
- Initial evaluation by orientation mobility instructor
- Reports of all meetings with parents
- Reports of all professional conferences relating to the student
- Daily progress notes in orientation and mobility
- Final summary by mobility instructor
- School report and grade
- News clippings concerning these students
- Copies of tests and test results on "basic skills"

D. Forms

A number of forms were especially designed for the Project, developed to facilitate collection of data:

- Progress report on students participating in Project
- Initial evaluation outline
- Final summary outline
- Samplings will be found as part of this report and as part of Appendix

III. RESULTS

A. Analysis of Total Student Participation at End of First Year (24)

1. Age group range:

16 and over	4
15	6
14	2
13	6
12	2
11	1
10 and younger	3

2. Total number of hours spent by mobility instructor in individual training 785 hours

3. Total number of students who completed basic training but who were still receiving periodic follow-up - 4

These students completed their basic training over an average period of 6½ months, with four lessons a week, of 45 minutes duration, or an average of 78 hours of individual instruction as shown by following chart. Only three students voluntarily withdrew from the Project because they went to a residential school.

Students who completed basic training:

Sex:	Age:	Total number of hours required to complete basic training:
Male	19	61
Male	15	91
Female	15	81
Male	15	82
	Average:	78 hours

B. Analysis of Progress of the Project

The second year of the Project closely followed the pattern of the first year as far as schools, number of students, and area involved. The assignment of a student mobility teacher to work under the Project mobility instructor as directing teacher placed an added responsibility, but were pleased that the Project received this recognition. Two new students who had not had previous formal training were selected, and a new Junior High School was added to the roster of schools, to give the student mobility teacher the experience with two new students without prior exposure to mobility. The mobility internship covered a period of six weeks and this was followed by the closing of school year and continuation of the program at the Summer Day Camp with six students, two of whom had been previously enrolled but had left the area to attend a residential school.

With the termination of the Summer Day Program, the focus was again on improving school programming of the students and allowing them ample time for mobility. A number of students were entering their senior year and it was understandable that first consideration had to be given to making room for those academic subjects which they required for graduation.

During this second year, the mobility instructor and resource teacher of the respective schools, worked cooperatively on the schedules to everyone's satisfaction. Parents cooperated by driving students to school earlier, and some students remained an extra hour and were provided transportation home by the instructor. Only by extending their school day in this way could enough time be found for all their required academic courses and mobility instructions.

The Project Consultant recommended no more than six students as the average number of students in order to benefit from adequate supervision in one day. Since the instructor had to travel to three different schools, the schedule for this second school year was modified so that he would have five students a day, four days a week, and six students one day a week. We noted an improvement in this year's scheduling, since it allowed students more time and the instruction was given in a more relaxed atmosphere. In terms of number of hours as indicated in Time Study, the scheduling for this second year kept steady and close pace to the hours devoted to the Project the first year, i.e.:

Total number of hours devoted to instructions first year of Project	785 hours
Total number of hours devoted to instructions by middle of second year	375 hours

C. Benefits Received from Demonstration Project by Students

One of the benefits blind students received from the Project was the attention paid to other phases of his development - physical, social and psychological. In the team's close association with the students, the following are some of the other needs we became aware of and met.

1. In the case of one student, the need to obtain a current eye report helped parents to discover that she had a mature cataract which required immediate surgery. These were interested parents, but for some reason they had neglected to bring their child back for re-examination. Six years had transpired since last examination. Although this student's vision was not greatly improved, this surgery afforded her better localization of light and enabled her to better orient herself in strange placed. It was also discovered that she had a gait and coordination problem which interfered with mobility. She could not follow direction of travel. As follow-up of her general medical examination, she was referred to an orthopedist who recommended surgery to correct the problem.

2. Another student was discovered to have seizures brought about by an abnormally low blood sugar (hypo-glycemia). Treatment was arranged, while she continued to receive orientation and mobility instructions.

3. We noted that female teen-agers had a tendency to be overweight. Parents were also alerted to the importance of dressing these girls more in keeping with current styles and their age group.

4. Two students were discovered with hearing losses, but only one was found to be serious enough to warrant the use of a hearing aid. In fact, the instructor thought that a dog guide might seem appropriate for this student.

5. One of the most significant discoveries was that nine of the fifteen students who had psychological evaluations were recommended for continued intensive counseling services because of evidence of severe emotional problems. On a selective basis, Project offered services to four of these students but only two students took advantage of this service. Previously in this report, mention was made of the resistance we found with many of the parents about having their child reveal themselves to a psychologist or psychiatrist.

6. One student, who completed twenty counseling sessions, made more progress than any other student, not only in mobility but in demonstrating change of attitude, self concept, and general adjustment to blindness.

7. It was found that many teen-agers needed essential equipment at home, such as Braille writers, typewriters, tape recorders, talking book service, Braille dictionaries, Braille watches, games for leisure time activities, to help them become more self-sufficient and to make life a little more comfortable, pleasant and relaxed, for them. We also found that many students carried heavy cumbersome Braille books from class to class, requiring the use of both hands. As a result, it was impossible for them to use a cane. Briefcases were recommended, and where briefcases large enough for Braille books were not practical, students were shown how to tie them together with a simple rope. Ideally, blind students need two sets of Braille books, one for use in school and one for use at home.

8. The Project was successful in having school administrators recognize the value of making orientation and mobility instruction an elective non-academic subject with credit the same as music, physical education, home economics, etc..

9. It was noted that blind students, attending local high schools particularly, worked extremely hard to achieve as much as the sighted children. They were encouraged to socialize more, but their entire day, including a major portion of their weekends, was spent doing home work. Perhaps the solution to this problem might be to extend high school an extra year so that the blind student can live and learn in a more relaxed atmosphere.

With the termination of the Project, Mrs. DeMarco will continue her role as blind children's social worker, and have periodic contacts with most of the parents. In her final summation of the Project, the Executive Director wrote: "It is hoped that the students will continue to practice the skills they have been taught and that, with the help of the resource teachers, they will be given opportunities to engage in as many new experiences as possible. All members of the team are in agreement that the program was successful in attaining its objective, i.e. showing how younger blind students of Junior and Senior High School age can be prepared for Vocational Rehabilitation through early training in orientation and mobility.

Two students were active rehabilitation cases when the program was first implemented. By the end of the two year period, nine of the students were in vocational rehabilitation status. Because of the many special services, along with the early mobility training these students had received, they were better prepared for this transition.

D. Results of Experiences as Reported by the Orientation Mobility Specialist

The following pages represent summary of report by Mr. Kent Wardell, Orientation Mobility Specialist. As he so aptly states in his report, the purpose of the Project was not to determine whether orientation mobility is important, but rather to attempt to show how it should be fitted into the regular routine of special academic education in a public school setting. Results are divided into three phases:

Phase I - How students benefited

Almost all of the students achieved major increases in their travel ability. Some, of course, advanced to higher leval than others. The following represents summary of progress or lack of progress of individual students:

1. Clare 88 hours 30 minutes training Light perception
   Age 15 4 to 5 lessons per week

   Status: Clare had received some training with a previous instructor, but demonstrated a definite dislike toward orientation mobility instruction. It was noted that she was accustomed to being treated as a child.

   Results following participation in Project:
   Along with orientation and mobility training, student was treated as an adult and she responded well to this approach and developed motivation toward orientation and mobility training. She developed successful experiences with each phase of the program. She learned to travel with ease indoors and outdoors and to use public transportation. She learned to travel by bus to a shopping center and purchase some of her school clothes with the help of the store clerk. She is a good cane traveler today.

2. Barbara 207 hours training Light perception
   Age 15 4 to 5 lessons per week

   Status: Barbara, without question, was over-protected by her parents. They discouraged independent travel at home and she rarely went outdoors at all. The situation was complicated by her general lack of travel ability.

   Results following participation in Project:
   Major improvement in motivation was noticeable. She developed a determined attitude toward becoming an independent traveler. Her progress was slow but steadily forward.

Today, she travels independently at school and is permitted to travel outdoors in her home area. The parents' attitude have changed somewhat but they have a long way to go. The instructor's role was a difficult one but gratifying in the successful outcome, particularly concerning her responses and effort to succeed as an independent traveler. The instructor classifies her as an average cane traveler.

3. Milton 48 hours training Totally Blind
Age 15 4 to 5 lessons per week

Status: Milton's home situation was not conducive to independent travel. He has an overly-protective mother and a father who shows no interest in him. He has four sisters and needs more male influence.

Results following participation in Project:
The family felt he could do little for himself and were surprised at his success in orientation and mobility. Developing into just an average traveler will require quite a bit of effort on his part. His lessons were terminated when he left the state to attend a residential school.

4. Joe 52 hours and 30 minutes training Totally Blind
Age 13 4 to 5 lessons per week

Status and results:
Joe has much travel ability and motivation. He was a pleasure to teach. New experiences were fun for him and he was eager for all the training he could get. He had developed into an above average traveler when his mother and grandmother died in quick succession. His father decided to place Joe in a residential school. He continued to receive orientation and mobility lessons there and has developed into an excellent traveler.

5. Sue 2 hours and 15 minutes training Partially sighted
Age 17

Status and results:
It was observed by the instructor that this girl had adequate travel vision and was not limited in her travel ability. She traveled quite independently indoors and outdoors. The other Project members agreed that her lessons be terminated.

6. Robbie 87 hours and 45 minutes training Partially sighted
Age 15 4 to 5 lessons per week

Status: Robbie's motivation increased with hours of training. He learned to make excellent use of his other senses and to combine this with his limited vision. Upon initial contact, he said he didn't need orientation and mobility training. His school teachers reported that he traveled very poorly and frequently bumped into things. His outdoor travel was even more hazardous.

Results following participation in the Project:
This student had successful experiences with each phase of the program. He frequently takes public transportation downtown to spend a Saturday in the stores and record shops. Some psychological counseling was indicated and he travels by bus to and from his sessions downtown. Robbie has developed into an excellent cane traveler.

7. Dottie 176 hours and 15 minutes training Totally blind
Age 17 4 to 5 lessons per week

Status: Lack of motivation characterized Dottie's training. Her parents desired her to have the training and she consented to please them. However, the parents provided very little help in her training. When asked to observe lessons or accompany Dottie on practice sessions, they always had business and social meetings to attend.

Results following participation in the Project:
Dottie has made some progress and now travels independently in a residential setting. She is a below average cane traveler.

8. David 195 hours training Totally blind
Age 17

Status: David was by far the most difficult student to teach. He has been in the program almost the full two years. He had received some previous mobility training at a residential school but retained very little of it. He displayed many "blindisms", including severe constant rocking, fingers in his eyes, and shaking his hands. He was very tense and frightened. During his psychological evaluation, he referred to himself as "just a fragment of humanity".

Results following participation in the Project:
An orthopedic specialist reported that his problems were not medical and he couldn't help him. The physical therapist prescribed a few exercises but felt regular meetings with this student would not be beneficial. The balance rail, exercises, running, posture training, exercise bike, rhythm, and coordination games, were all tried. Little was accomplished in the first year of training.

During the second year, changes began to take place. He was much more receptive to the training. The basic skills were learned and he travels through his school schedule unaided. His mother reports this was the first time he ever traveled anywhere on his own. His mother was actively involved in almost all of his lessons. She was extremely helpful and gave David an additional practice session during the evening. He is steadily gaining confidence in himself and others. His rocking is now half of what it was two years ago. All indications are that it will diminish to socially acceptable limits. He has learned cane travel and travels freely through his neighborhood. His major advances have been in adopting a much better outlook on life. He is now highly motivated toward school work and independent travel. He still has a long road ahead but he can be proud of his advances. At the present time, he is a somewhat below average cane traveler. His future potential appears good.

9. Todd 10 hours and 15 minutes training Totally Blind
Age 7

Status and results:
Todd is a very precocious boy. Much work was done on concept development, body image, and some of the basic skills. The lessons were necessarily short because of his attention span. His motivation was good and progress was very satisfactory.

10. Carol 33 hours and 45 minutes training Totally Blind
Age 14.

Status: Carol lives in next county and, due to the travel time involved, received lessons only twice a week. Therefore, only short range goals had been set for her.

Results following participation in the Project:
She has learned the basic skills and the fundamentals of the long cane. She travels well indoors and outdoors on her school campus. Her High School is composed of a number of buildings and she uses good cane technique to travel from building to building. She has good potential.

Phase II - Benefits derived by the Public School System

In the opinion of the team, the Project successfully demonstrated that orientation and mobility can be taught as part of the public school curriculum. The need for travel training was met through a cooperative effort between a State Agency for the Blind and the Public School System. It was a cooperative effort in every sense of the word. It was found that, as the students achieved greater travel independence, many of the unnecessary demands upon the resource room teacher diminished. He no longer had to be a guide to the classrooms, a waiter at the lunch table and an errand boy. He could now concentrate full time on his primary job of teaching. The Florida Council for the Blind also benefited. Most of the students taught in the Project will be seen later by the Florida Council for vocational rehabilitation services. Orientation and mobility training, of course, is a necessary part of vocational rehabilitation. These students will now have this part of their training behind them. As independent travelers, they will probably be more receptive to other phases of vocational rehabilitation. The Orientation and Mobility Specialist was also one to benefit. Sufficient latitude was always given to him by Project members to venture into new areas. It is felt that work with the very young blind was significant. It was done on a limited scale and on an experimental basis, but implications were evident. If taught in game form, they can learn many of the basic skills. Their young world is composed of sounds, smells and textures. This is the time to heighten these senses to an even higher degree. It was noted by the instructor that many of the teen-agers were dubious about the basic skills because they were self-conscious. If the basic skills were taught at a very young age, they would be a matter of habit by the self-conscious teen-age years.

Another point worthy of note with the very young students was the problem of accurate body image. An activity that worked very well in this area was to make cardboard figures of each student. These were placed on the floor and the students laid down on them. Their outline was traced and the life-size figures were then cut out. They then participated in placing Brailled labels on all the body parts. This lesson was then expanded into a unit concerning measurement. A Brailled tape measure was then expanded into a unit concerning measurement. A Brailled tape measure was used by the students to measure the length and width of body parts on themselves and on their "twin" - the cardboard figure. Later, the art teacher helped the students make paper clothes for the figures and the work with body image and concept development continued.

In his summation the instructor stated: "The Project was an interesting and challenging experience. In my opinion, the objectives of the orientation and mobility training were achieved."

Phase III - Benefits derived by the Florida Council for the Blind

As the Project progressed, follow-up conferences were held with the vocational counselors of this agency. As the students participating in the Project reached completion of school, the vocational counselors found these students more receptive to vocational rehabilitation services. This is in contrast to the counselors' criticism in years gone by. At that time, while they were impressed with the high scholastic achievements of blind students, they had feelings of frustration in observing that the blind students showed little evidence of self-sufficiency, independence, and capacity to travel with facility.

E. Principles and Guidelines for Travel Training

Everyone involved with the Project was in agreement that the development of the skills necessary for independence is a critical area in the development of a blind child. The orientation and mobility skills are taught to help insure his safe, graceful and efficient travel. All agreed that there can be no shortcuts where the safety of a blind child is involved. The decision was made to do the best job possible with each child. The emphasis would be placed upon quality and not quantity. The next logical step was to design a series of principles that would serve as guidelines for the travel training. A group of six guidelines was formulated:

1. That the emphasis of the training be placed upon developing the independent travel potential of each student to the fullest.

2. That no time limit be placed on the amount of training each student would receive. Each student would be progressed at his own rate and be advanced as far as his own ability would take him.

3. That only one student would be taught at a time. Each student would receive individual attention in both the basic skills (pre-cane) and in the cane skills portion of the training. Some group work was done with the very young blind children due to the game approach used with them.

4. That the length of the lessons be contingent on the age and attention span of the student. Lessons for Junior and Senior High School students averaged one hour. Sufficient flexibility was maintained to fit the program smoothly into the daily operation of the schools involved. If normal class schedules were one hour, the orientation and mobility lessons were one hour. If a normal period was 45 minutes, mobility was 45 minutes.

5. That, for optimum results, the frequency of lessons should be on a four or five day weekly basis.

6. That if, by necessity, the frequency of the lessons fell below a minimum of four lessons a week, the objectives for that student's training would be short range rather than long range.

IV. TEAM SUMMARY OF RESULTS

During the periodic meetings of the Project team and visits with Project Consultants, Dr. Donald Blasch, Dr. Gideon Jones and Dr. Calvin Pinkard, conclusions and recommendations were summarized as included below:

A. The Orientation and Mobility Specialist should not function alone. He should be a central figure in a team approach designed to aid the blind child. Provisions should be made from the onset for securing the other members of the team. A social worker, orthopedic specialist, physical therapist, psychologist, ophthalmologist, otologist, and rehabilitation counselor, are all invaluable members of the team. Secretarial help should not be overlooked. In some school systems, these professionals already serve the school and can be easily integrated into the team. Funds should be provided in the operating budget to secure this professional help when it is not obtainable through other sources.

B. The Orientation and Mobility Specialist should be physically located on the school grounds and he should participate actively in faculty daily routine.

C. Particular stress should be placed upon the importance of exhaustive health evaluation of each youngster and an aggressive physical activity program along with academic school work and orientation mobility training.

D. The instructor's travel time should be kept to an absolute minimum. It seems all too seldom that the Orientation and Mobility Specialist can obtain a full case load of students at one school. He is often forced to travel to other schools to obtain additional students. Every effort should be made to centralize the instructor in an area where he can draw students from a series of nearby public schools. Excessive travel time is the quickest way to weaken a public school mobility program.

E. A well informed school staff is a necessity. Most school administrators and teachers know very little about orientation and mobility. Periodic conferences should be held with the principal and teachers. The resource teacher should be thoroughly familiar with the mobility program. He should understand the skills being taught and know when the students should use them. It is not improper for him to help teach the basic skills to his students. However, teaching the long cane travel is the responsibility of the Mobility Specialist.

F. Every effort should be made to conform to school policies. The Orientation and Mobility program should function smoothly with the other portions of the school program. For example, if the regular class periods are fifty minutes long, the orientation and mobility lesson should be fifty minutes. In this way, the student does not miss a portion of his previous class nor does the student disrupt the following class by entering late.

G. The student should report individually for his lesson at a designated time and place. He should treat orientation and mobility with the same respect and sincerity that he holds for his other academic subjects.

H. A continuing system of evaluation and record keeping should be kept on each student. A file could include a recent picture of the student, the length of his cane, an initial evaluation by the Mobility Specialist, daily progress notes, a recent eye report, hearing test, medical report, psychological report, parent conferences, periodic reports from the resource room teacher, a dated list of all materials given or loaned to the student, reports of other professionals having contact with the student, a final evaluation and follow up notes.

I. Evaluation of progress can be done through different methods. A check list of skills being taught can be compiled. Progress can be charted over a period of time if the student is graded on his weekly use of the skills.

J. Moving pictures provide an excellent evaluation devide. A sequence of carefully dated film could be exposed each month. These short sequences are then spliced together on a large roll for easy viewing. Progress or lack of progress is clearly evident.

K. An up-to-date record system and good evaluation devices aid the instructor if he is responsible for assigning the student a subject grade in orientation and mobility. Some school systems require a letter or percentage grade for the course. Other school systems prefer just a satisfactory or unsatisfactory mark. In some school systems, the course is taken as a non-credit elective and the student is not graded at all.

L. The social worker's initial visits to the house of the student is vitally important in accumulating basic information relative to social economic condition, status of student at home, attitude of parents, etc..

M. The aid and support of the parents is a critical aspect of the program. Their support can create a good learning environment and thus stimulate the student toward greater achievement. Their lack of support can under-cut any progress made at school and help foster a negative attitude in the child.

N. Initial conferences should begin with the parents before the student enters the Orientation and Mobility program. These early conferences should attempt to inform the parents of the needs, procedures, and goals of the program. If the parents have fears concerning their child's independent travel, they should be openly discussed. The parents should be informed of the dangers involved, but also of the techniques used to minimize these dangers. They should be encouraged to attend as many of the lessons as possible and observe the skills being taught. Their fears usually diminish as they become more familiar with the program. The parents' conferences should continue frequently throughout the student's training.

O. It is preferable to hold these conferences in their own home. In this way, the Orientation Mobility Specialist can gain a better understanding of the home environment. The parents are usually more relaxed and good rapport is more easily established. If the student is present, the instructor can evaluate his travel ability in the home situation. It is also quite helpful to witness the parents' reactions to the child and his movements through the home. A home visit also provides the opportunity to meet the other children of the family. Their attitudes and interactions with the blind child are also very important.

P. An educational program within the community is valuable in securing their understanding of the Project, and support as needed.

Q. The vocational counselor member of the team should be consulted in anticipating, where possible, the individual student's needs in the future. The counselor can be informative relative to evidence of progress made in the total preparation of student.

R. A good follow-up program is always needed. The student should not be dropped from the case load when he has successfully completed the course. In a sense, the course is never actually completed. Learning is a never ending process.

S. One follow-up lesson every four weeks could be used as a practical example, but certainly not as a rule. The follow-up program should be flexible enough to provide the student extra time if he encounters a problem situation.

T. The advanced students, seen on a follow-up basis, can serve as examples for the other students. The Orientation and Mobility students from the different schools should be brought together with the advanced students for regular discussions. Very little time passes before a lively discussion ensues and experiences are exchanged. It helpe the beginners to know that others have obtained the goal of freedom of movement. Often, during these discussions, common fears and frustrations come to the surface for discussion. Group discussion of the problem often gives the student the support he is seeking. It helps him to know that he is not alone. If desirable, blind adults or other guests could be invited to participate in these discussions.

U. In conclusion, the team was of the opinion that a well organized Orientation and Mobility program can be a vital addition to the Public School education of the blind. Achievement of safe, graceful, and effective travel goes a long way toward bolstering the blind student's self-concept and often adds support to the inner dignity we all must have. Last but not least, with the achievement of skills in travel and orientation, the young blind is more completely prepared to function independently and self-sufficiently and more likely to succeed in his rehabilitation efforts.

APPENDIX A.

INITIAL EVALUATION OUTLINE

I. General Information
  1. age
  2. Date when lessons began
  3. Interests or hobbies

II. Eye Problem

  1. Onset and prognosis (if known)
  2. Visual acuity and field of vision
  3. Additional handicaps and limitations

III. Appearance

  1. Physical
  2. Personality
  3. Motivation

IV. Social Aspects

  1. Family
  2. Friends

V. School
  1. Academic Work
  2. Extracurricular activities

VI. Previous Blind Rehabilitation

VII. Type of Orientation and Mobility Program Planned

  1. Regular- with or without blindfold
  2. Modified - with or without the blindfold
  3. Special - without the blindfold

E - Excellent
G - Good
F - Fair
P - Poor

Face Sheet Monthly (Student) Progress Chart

STUDENTS		BASIC SKILLS								CANE SKILLS			O.		SOCIAL ACCEPT				PROGRESS SUMMARY					TOTAL
	EVALUATION	Sight Guide	Cross Body Position	Trailing	Room Familiarization	Squaring Off	Direction Taking	Locating Dropped Objects	Hines Break	Residential Travel	Light Bus Travel	Downtown Travel	Sensory Geog. Direction	Object Perception	Posture	Manners	Personal Appearance	Poise & Grace	Basic Skills	Cane Skills	Orientation	Social Acceptance	Follow Up	

APPENDIX C.

MONTHLY ACTIVITY REPORT

(submitted by Mobility Instructor)

MONTH OF ______________

I. Area and School covered.

II. Number of children in Project during the month.

III. Number of conferences with parents.

IV. Number of conferences with other professional and community persons.

NOTE: This report along with monthly report in narrative form by Executive Director was submitted to Project Director.

APPENDIX D.

AGE AND SEX RANGE OF STUDENTS
WHO RECEIVED MOBILITY TRAINING DURING 2 YEAR PERIOD
MAY 1, 1966 to APRIL 30, 1968

A G E

SEX	19 & over	18	17	16	15	14	13	12	11	10	9	8	7	6	TOTAL
Male	1		1	1	5	1	3	2						2	16
Female	1			1	2	4	4			2					14
Total	2		1	2	7	5	7	2		2				2	30

APPENDIX E.

Sample of continuing: TIME STUDY AND CURRENT RECORD KEPT OF STUDENTS RECEIVING ORIENTATION AND MOBILITY LESSONS.

School	** Age	Reports Received						Hours as of 4-30-67 *	Hours during May 1967	Total hours as of 5-31-67	Hours during June 1967	Total hours as of 6-30-67
		Eye	General Medical	Psycho-logical	Audio-logical	Special Eval.	School					
NORTH MIAMI SR.HIGH												
#19534	15	✓	✓	✓	✓	Hearing.	✓	96	12	12	3	15
#54149	14	✓	✓	✓		Orthopedic	✓	112	11	11	9	20
HIALEAH JR.HIGH												
#56715	13	✓	✓	✓	✓		✓	3	12	12	6	18
#17719	15	✓	✓			Low Vision Clinic	✓	0	12	12	2	14
NOVA HIGH SCHOOL												
#32205	13	✓	✓	✓	✓		✓	42	6	6	0	6
#42252	13	✓		✓	✓	follow-up psych.	✓	42	7	7	0	7
LOWER AGE GROUP												
#56442	6	✓	✓		✓			8	2	2	0	2
#48881	6	✓	✓		✓			7	1	1	0	1
COMPLETED BASIC TRAINING												
#49062	15	✓	✓	✓	✓		✓	90	0	0	9	9
#28894	15	✓					✓	81	0	0	0	0

etc.

* Termination of first year.

** Age when started

APPENDIX F-1

ARTICLES AND PAMPHLETS DISTRIBUTED TO PARENTS AND TEACHERS

American Association of Instructors of the Blind (Publisher)

Techniques of Daily Living
Bibliography on Mobility, Orientation and Travel
Teaching Table Manners to Blind Children
Mobility and Orientation Workshop
Teaching Retarded, Disturbed Blind Children
Counseling with Parents of Blind Children
Orientation and Mobility Terms
Travel Techniques
Suggestions for Guiding Blind Individuals
Mobility and Orientation Training for Young Children
Notes for Parents
Hints for Parents of Pre-School Visually Handicapped Children

American Foundation for the Blind (Publisher)

Standards for Mobility Instructors, 1962
Siegel, Irwin M., M.D. Posture in the Blind, Research Series No. 15 February 1966

New York State Commission for the Blind (Publisher)

Gray, Doris, Trips and Excursions for Blind Children, Booklet #205
Tupper, LaVerne, Tips for Teachers Working with Visually Handicapped Children, Booklet #213
Whitstock, Robert H. Orientation and Mobility for Blind Child, Booklet #204
Tupper, LaVerne, Developing Independence in the Visually Handicapped Child, Booklet #214

The New Outlook for the Blind (Publisher)

Richterman, Harold, Mobility Instruction for the Partially Seeing, October 1966
Rodgers, Carl T., et al, Some Thoughts on White Cane Philosophy and Problems, May 1961
Seelye, Wilma, et al, Is Mobility Feasible with: A Blind Girl with Leg Braces and Crutches? A Deaf-Blind Girl with a tested IQ of 50? A Blind Boy with an IQ of 51? June 1966
Voorhees, Arthur, Professional Trends in Mobility Training, January 1962
Curtin, George T. Mobility: Social and Psychological Implications, January 1962
Gallagher, Wm. F., Diagnosis in Depth, December 1966
Graham, Milton D., Wanted: A Readiness Test for Mobility Training, September 1967
Hapeman, Lawrence, The Ultra Sonic Aid for the Blind, May 1967

APPENDIX F-2

The New Outlook for the Blind (Publisher) Continued

Johnson, Daniel E., Ph.D. et al, Teenagers Evaluate Mobility Training, September 1967
McDonald, Edward H., Mobility-Occlusion Versus Low Vision Aids, May 1966
Manzel, Tudolphina, Dr., et al, A Proposed Test for Mobility Training Readiness, February 1967

American Association of Workers for the Blind (Publisher)
Ball, Martha J., Mobility in Perspective

International Journal for the Education of the Blind (Publisher)
Bledsoe, C. Warren, For Parents Looking Ahead to Future Mobility Needs of Their Blind Children, October 1963

International Journal for the Blind (Publisher)
Buell, Charles E. Recreational and Leisure-Time Activities of Blind Children, March 1962

The Cleveland Society for the Blind Research Series (Publisher)
Gobetz, Giles Edward, Editor, Learning Mobility in Blind Children and the Geriatric Blind

Mecklenburg Association for the Blind (Publisher)
The Freedom of Movement for Blind Children

The Michigan School for the Blind (Publisher)
Pre-Cane Mobility and Orientation Skills for the Blind (Curriculum Guide)

Journal of Rehabilitation
Murphy, Thomas J., Mobility Restoration for the Blind, September-October 1966

APPENDIX G.

FINAL SUMMARY OUTLINE

I. General Information

Age when training began

Present age

Date training began

Date training terminated

Reason for termination

Number of hours of training

Changes in the number or location of family members

Changes in Medical or Eye condition since training began

Educational or work status

Self care

Social activities

II. Information concerning Type of Orientation and Mobility Program

Type of Orientation and mobility program prescribed and why

a. regular- with or without blindfold

b. modified- with or without blindfold

c. special- with or without blindfold

Present level of achievement in the program

Length of cane

Type of cane

Other equipment issued

III. Discussion of performance

A. Basic Skills

B. Indoor travel

C. Beginning cane travel

D. Residential travel

E. Light Business Travel

F. Downtown Travel

IV. INstructors Opinions and Observations

Motivation

Strong Points and Weaknesses

Emotional make-up